

| CLAIMS ONLY | | | | | | Application Number 10-653227 | | Filing Date 1-13-05 | |
|--------------|----|----------|--------|-----------------------|--------|---------------------------------|--------|---|--|
| | | | | | | Applicant(s) | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | |
| | | Indep | Depend | Indep | Depend | Indep | Depend | | |
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| Total Indep | 3 | | | | | | | | |
| Total Depend | 13 | | | | | | | | |
| Total Claims | 16 | | | | | | | | |

Applicant(s)